

Remarks

This Amendment is in response to the Office Action dated **July 25, 2007**. In the Office Action, claims 2-9, 11, 13-17, 20 and 22 were rejected under 35 USC 112 second paragraph and claims 1-9, 11-17, 20 and 22 were rejected under 35 USC 102(e) as being anticipated by Myler et al (5,474,563).

The following comments are presented in the same order, with section headings, as the Office Action.

35 USC 112

In the Office Action, claims 2-9, 11, 13-17, 20 and 22 were rejected under 35 USC 112 second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Specifically, the Office Action asserts that there is no antecedent basis for “the minimum inner diameter” in claim 2; there is no antecedent basis for “its compacted delivery state” in claims 3 and 14; there is no antecedent basis for “said catheter” in claims 5, 9, and 11; there is no antecedent basis for “said first ring” and “its compacted delivery state” in claim 7; there is no antecedent basis for “the minimum inner diameter of portions” in claim 13; there is no antecedent basis for “the tubular stent” in claim 16; it is unclear if the rings claimed are the same as those already recited, or additional ones in claim 17; there is no clear antecedent basis for “the ring” as more than one have been claimed in claim 20; and there is no antecedent basis for “said step of displacing the stent distally of the sheath” and “the stent engaging step” in claim 22.

Applicant has amended claims 2-9, 11, 13-17, 20 and 22 to address the 35 USC 112 rejections and the rejections are therefore believed to be mooted. Applicant request withdrawal of the rejection and asserts that claims 2-9, 11, 13-17, 20 and 22 are in condition for allowance.

35 USC 102

In the Office Action, claims 1-9, 11-17, 20 and 22 were rejected under 35 USC 102(e) as being anticipated by Myler et al (5,474,563).

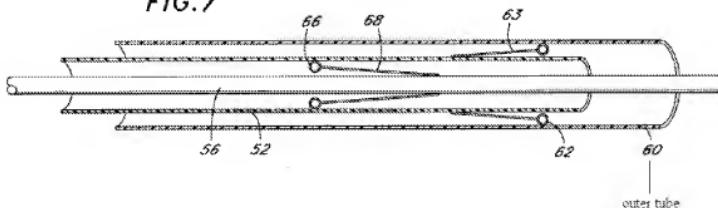
Independent claims 1, 12 and 20 recite in part “the sheath having a ring, the ring

forming a distal end of the sheath."

The Office Action asserts that "Myler discloses a stent delivery system having a delivery means consisting of an outer sheath 60" and that "the distal end of the outer sheath is indeed an integral ring and would assist in stent compression of [sic] so desired."

Applicant submits that the outer tube 60 of Myler does not have a ring. Neither the written specification nor the figures describe or show that the outer tube 60 has a ring. Applicant notes that Figs. 4, 5, and 7, do not show the outer tube 60 having a ring, merely that the outer tube 60 has a thickness. For reference, Applicant has provided a copy of Fig. 7, which is a side elevational cross sectional view of the catheter illustrated in Fig. 4 in the contracted position. Note that the cross-section of the outer tube 60 does not show that the outer tube 60 has a ring forming a distal end of the outer tube, as recited in independent claims 1, 12 and 20.

FIG. 7



Independent claim 1 further recites "the ring assisting in the compression of the stent to the compact transport form from a partially deployed form." Applicant asserts that Myler does not disclose the outer tube having a ring that assists in the compression of a stent to the compact transport form from a partially deployed form. Applicant notes that col. 10, line 54 to col. 11, line 3 of Myler discusses extracting a stent:

The halo 62 is thereafter seated in the proximal projections 26 as illustrated in FIGS. 10 and 11, and the halo 66 is seated in the distal projections 26. The guidewire 56 is then advanced distally with respect to the inner tube 52, thereby axially elongating the tubular stent 10 and reducing its cross sectional area ... Axial elongation is continued until the diameter of the stent 10 is sufficiently reduced for removal.

Applicant notes that col. 11, lines 20-51 of Myler discussed a method for removing an implanted stent that is tapered at its proximal end:

... The implanted stent of FIG. 3 is approached for removal from the proximal end 16 thereof. The outer tube 60 is advanced distally so that the distal end of the outer tube 60 surrounds the proximal tapered portion of the stent 30 ... Once the halo 66 is disposed distally of the projections 26, proximal traction on the guidewire 56 will seat the halo 66 within projections 26, and tend to pull the stent into the outer tube 60. Continued traction on the guidewire 56 with respect to outer tube 60 will draw the stent within the outer tube 60, by radial compression of the stent as it enters the distal opening on outer tube 60.

For at least these reasons, Myler does not anticipate the instant claims. Applicant requests withdrawal of the rejection and asserts that claims 1-9, 11-17, 20 and 22 are in condition for allowance.

Conclusion

Based on at least the above, Applicant respectfully submits that this application is in condition for allowance. Favorable consideration and prompt allowance of claims 1-9, 11-17, 20 and 22 is requested.

Should the Examiner believe that anything further would be desirable in order to place this application in better condition for allowance, the Examiner is invited to contact Applicant's undersigned representative at the telephone number listed below.

Respectfully submitted,

VIDAS, ARRETT & STEINKRAUS

Date: October 25, 2007

By: / Jennifer L. Buss /
Jennifer L. Buss
Registration No.: 57321

6640 Shady Oak Dr., Suite 400
Eden Prairie, MN 55344-7834
Telephone: (952) 563-3000
Facsimile: (952) 563-3001